

## OSHA Respirator Medical Certification

NAME	TODAY S DATE
Supervisor	DEPARTMENT
□ Employee is medically approved	for respirator use without restrictions.
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☐ Employee is NOT medically appr	oved for respirator use.
☐ Employee is medically approved	for respirator use with the following restrictions:
Other comments:	
This certification is valid for tw potentially relevant health problem	o years. Employees must notify their supervisor sor accidents arise before then.
Physician's Signature	
Physician (Print name)	
Medical Facility	